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REISSUE PATENT APPLICATION TRANSMITTAL

* Also Reexam SN 90/005,710

Address to:

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Washington, DC 20231

Attorney Docket No.	0170SS-45347
First Named Inventor	Richard A. Haase
Original Patent Number	5,846,435
Original Patent Issue Date (Month/Day/Year)	12/8/98
Express Mail Label No.	EL708747708US

APPLICATION FOR REISSUE OF:

(Check applicable box)



Utility Patent



Design Patent



Plant Patent

APPLICATION ELEMENTS (37 CFR 1.173)

- ☒ Fee Transmittal Form (PTO/SB/ 56)
(Submit an original, and a duplicate for fee processing)
- ☒ Applicant claims small entity status. See 37 CFR 1.27.
- ☒ Specification and Claims in double column copy of patent format (amended, if appropriate)
- ☐ Drawing(s) (proposed amendments, if appropriate)
- ☒ Reissue Oath/Declaration (original or copy)
(37 C.F.R. § 1.175) (PTO/SB/51 or 52)
- Original U.S. Patent currently assigned?
☐ Yes ☒ No
(If Yes, check applicable box(es))
☐ Written Consent of all Assignees (PTO/SB/53)
☐ 37 C.F.R. § 3.73(b) Statement ☐ Power of Attorney (PTO/SB/96)

ACCOMPANYING APPLICATION PARTS

- ☒ Statement of status/support for all changes to the claims. See 37 CFR 1.173 (c).
- ☒ Original U.S. Patent for surrender
☒ Ribbioned Original Patent Grant will follow
☐ Statement of Loss (PTO/SB/55)
- ☐ Foreign Priority Claim (35 U.S.C. 119) (if applicable)
- ☐ Information Disclosure Statement (IDS)/PTO-1449 ☐ Copies of IDS Citations
- ☐ English Translation of Reissue Oath/Declaration (if applicable)
- ☒ Preliminary Amendment
- ☒ Return Receipt Postcard (MPEP 503) (Should be specifically itemized)
- Other:

15. CORRESPONDENCE ADDRESS



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Signature	<i>Sue Z. Shaper</i>	Date	12/5/00

Burden Hour Statement: This form is estimated to take 0.2 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Box Reissue, Washington, DC 20231.

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REISSUE APPLICATION FEE TRANSMITTAL FORM

Docket Number (Optional)
0170SS-45347

Claims as Filed - Part 1

Claims in Patent		Number Filed in Reissue Application	(3) Number Extra	Small Entity		Other than a Small Entity	
				Rate	Fee	Rate	Fee
(A) 16	Total Claims (37 CFR 1.16(i))	(B) 19	**** -0- =	x \$ _____ =		or	x \$ _____ =
(C) 2	Independent claims (37 CFR 1.16(i))	(D) 2	* -0- =	x \$ _____ =			x \$ _____ =
Basic Fee (37 CFR 1.16(h))				\$355			\$ _____
Total Filing Fee				\$355		OR	\$ _____

Claims as Amended - Part 2

	(1) Claims Remaining After Amendment		(2) Highest Number Previously Paid For	(3) Extra Claims Present	Small Entity		Other than a Small Entity	
					Rate	Fee	Rate	Fee
Total Claims (37 CFR 1.16(i))	*** 19	MINUS **	20	* -0-	x \$ _____ =		x \$ _____ =	
Independent Claims (37 CFR 1.16(i))	*** 2	MINUS *****	3	= -0-	x \$ _____ =		x \$ _____ =	
Total Additional Fee					\$		OR \$	

* If the entry in (D) is less than the entry in (C), Write "0" in column 3.

** If the "Highest Number of Total Claims Previously Paid For" is less than 20, Write "20" in this space.

*** After any cancellation of claims.

**** If "A" is greater than 20, use (B - A); if "A" is 20 or less, use (B - 20).

***** "Highest Number of Independent Claims Previously Paid For" or Number of Independent Claims in Patent (C).

☒ Applicant claims small entity status. See 37 CFR 1.27.☐ Please charge Deposit Account No. _____ in the amount of _____.
A duplicate copy of this sheet is enclosed.☒ The Commissioner is hereby authorized to charge any additional fees under 37 CFR 1.16 or 1.17 which may be required, or credit any overpayment to Deposit Account No. 060580 (0170SS-45347)
A duplicate copy of this sheet is enclosed.☒ A check in the amount of \$ 355 to cover the filing / additional fee is enclosed.☐ Payment by credit card. Form PTO-2038 is attached.**WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.**12/5/00
Date
Signature of Applicant, Attorney or Agent of RecordSue Z. Shaper
Typed or printed name